Attorney's Docket No.: 15786-042001

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Leonid Raiz et al.

Art Unit : 2135

Serial No.: 09/755,975

Examiner: Kim Vu

Filed

: January 5, 2001

Title

: SOFTWARE USAGE/PROCUREMENT MANAGEMENT

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Mail Stop Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

FEB 0 1 2005

## AMENDMENT IN REPLY TO ACTION OF OCTOBER 1, 2004

Please amend the above-identified application as follows:

CERTIFICATE OF TRANSMISSION BY FACSIMILE 03/10/2005 KHATSON I hereby certify that this correspondence is being transmitted by facsimile to the Patent and Tradernark Office on the date indicated Tammera A. Shinn

Typed or Printed Name of Person Signing Corplicate

PAGE 3/15" RCVD AT 2/1/2005 4:14:28 PM [Eastern Standard Time] SVR:USPTO-EFXRF-1/5" DNIS:8729303" CSID:612 288 9696" DURATION (mm-ss):05-50

061050

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09755975

CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER I	FILED	NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			43 minus 20=		· 23			X\$ 9=	207.0	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		. Ø			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						ſ	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	562.00	OR	TOTAL	
2/01/05 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OTHER THAN SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 43	Minus	1	<del>1</del> 3	=_/		X\$ 9=		OR	X\$18=	
	Independent	· 3	Minus	***	3_			X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	CLAIM		<b>'</b>	+135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	*		=	lΓ	X\$ 9=		OR	X\$18=	Ï
	Independent	•	Minus	***		=	<b> </b>	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
••	If the "Highest Nu	mber Previously P	aid For IN THIS	S SPACE	is less tha	n 20, enter *20.	A	DDIT. FEE		OR	TOTAL ADDIT: FEE	·
		nber Previously Pa					er foun	nd in the app	propriate box	in col	lumn 1.	